Seek first to understand

A foray into research

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PHCRED funds a number of 'research clinicians' who choose a project to research for a year. This article explores one researcher's perspective of the transition from clinician to researcher, including motivation for researching, challenges of research and hopes for research. Conclusion: research is engrossing, frustrating and exciting.

Sit down with someone who has a mental illness and invite them to tell you about their life. Not about their mental illness, or their symptoms or side effects, but about their vision for their future, their life journey, how they make sense of the world around them and the world within. You will hear a story as rich and deep as your own, a story of optimism and despair and hopes and shattered dreams. Qualitative research gives the researcher the opportunity to do this, to understand people as whole beings within their environment, rather than a collection of symptoms that add up to a syndrome.

I went into the field of mental health to make a difference. Doesn't everyone? As a clinician, I know I've made a difference to individual lives. Maybe one or two people are still alive that wouldn't have been, and a few others are living with less distress. However, amid the protocols between general practitioners, the police and mental health teams, our collated statistics on people's global assessment of functioning, policy tomes on dual disorders and suicide prevention, cultural diversity and children of clients, I feel like I'm losing sight of the people that I'm meant to be working with.

Choosing qualitative research means I am constantly justifying myself. Thick descriptions, subjective experiences, reflexive analysis, acknowledging my position, constructions of reality and truth – all of these are unusual domains in the scientifically minded medical field. But the numbers don't interest me – I can't count how people feel about their recovery from mental illness, how people make sense of their lives, what gives them hope and how clinicians and clients experience their encounters with each other. The task of expressing these through medians, standard deviations and *p* values defeats me.

Research is attention to detail and the larger picture. Research is bewilderment at the multitude of investigative paths radiating out before me. It's poring over references for hours trying to make an elusive connection then having a brilliant idea while I'm out walking the dog. It's being unable to have a conversation about anything without ruminating on its links into my thesis. Qualitative research in particular is typing, endless typing, pondering layers of meaning. I'm snowed under with references. I can't figure out where to stop. Each article I read leads to half a dozen more, all pertinent to my topic. Every article expands the premise of my research.

Five months into my project, it came to a standstill in the ethics committee. It's a sobering moment. How can this be? I'm currently re-writing my proposal, and reflecting on my every day practice. If something I consider to be ethically sound, even desirable, doesn't make it through a considered committee of experts, is there something off in my judgment? It's a lesson in the balancing act that is qualitative research – sitting with different opinions, mutually exclusive but both valid.

My hopes for my research are unrealistic, and some are ignoble. In my fantasy it changes the world – or at least the mental health system. I'm flown around the world to speak at conferences, and I publish a book on my brilliant findings. Main theorists are uttered all in one breath – Perls, White, Frankl, Galea (that's me). I know, I know: research isn't like that. It's like building a house of knowledge, brick by painstaking brick. All I can contribute is just one brick. I want my brick to be brilliant but really, I'll be happy enough if it is sturdy.

Conflict of interest: none.

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